



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Michael F. Roberts et al.  
Serial No. : 10/036,022  
Filed : December 26, 2001  
Title : GUM-MASSAGING ORAL  
BRUSH

Art Unit : 1744  
Examiner : M. Spisich  
Confirmation No.: 2417  
Notice of Allowance Date: October 21, 2003

**MAIL STOP ISSUE FEE**

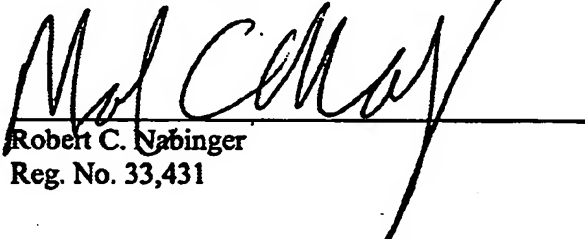
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO NOTICE OF ALLOWANCE**

In response to the Notice of Allowance mailed October 21, 2003, enclosed are a completed issue fee transmittal form PTOL 85b and a check for \$1660 for the required issue fee and publication fee, including patent copies

Please apply any additional charges or credits to our Deposit Account No. 06-1050.

Respectfully submitted,

  
Robert C. Nabinger  
Reg. No. 33,431

Date: October 28, 2003

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I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

October 28, 2003

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Sherry L. Hunt

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# PART B - FEE(S) TRANSMITTAL

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26161 7590 10/21/2003

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**Sherry L. Hunt** (Depositor's name)  
*Sherry L. Hunt* (Signature)  
**October 28, 2003** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/036,022	12/26/2001	Michael Roberts	03216-3C9004	2417

**TITLE OF INVENTION: GUM-MASSAGING ORAL BRUSH**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	01/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SPISICH, MARK	1744	015-167100

**1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).**

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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**1 Fish & Richardson P.C.**

2 \_\_\_\_\_  
3 \_\_\_\_\_

## **3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

**Gillette Canada Company**

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

**Halifax, Nova Scotia CANADA**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

**4a. The following fee(s) are enclosed:**

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(Date)

**October 28, 2003**

**10/31/2003 SSESHE2 00000071 10036022**

**01 FC:1501**

**02 FC:8001**

**03 FC:1504**

**1330.00 OP**

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